



## Leech Lake **Head Start** Classroom Information



Head Start would like to get to know your child better, please fill in the following information.

**Child's Name:** \_\_\_\_\_ **Nick Name:** \_\_\_\_\_

**Birthday:** \_\_\_\_\_

Child Development: (Put an X in the blank if your child does the following)

**1) Large Motor: Does your child...**

- a. Ride a tricycle \_\_\_\_\_
- b. Kick a ball forward \_\_\_\_\_
- c. Throw a ball with one hand \_\_\_\_\_
- d. Use a swing to pump his/herself \_\_\_\_\_
- e. Hop on one foot \_\_\_\_\_

**2) Large Motor: Does your child...**

- a. Copy a circle \_\_\_\_\_
- b. Cuts across paper \_\_\_\_\_
- c. Draw a person with at least three body parts \_\_\_\_\_
- d. Prints a few letters \_\_\_\_\_

**3) Communication Development: Does your child...**

- a. Use words "and" "or" "but" \_\_\_\_\_
- b. Understands sizes, shapes, numbers \_\_\_\_\_
- c. Identifies three colors correctly \_\_\_\_\_
- d. Follows a series of three directions \_\_\_\_\_

**4) Social/Emotional Development: Does your child...**

- a. Play with other children \_\_\_\_\_
- b. Play make-believe \_\_\_\_\_
- c. Share/takes turns when with a group of children \_\_\_\_\_
- d. Likes to play: alone \_\_\_\_\_ with others \_\_\_\_\_
- e. Have any fears \_\_\_\_\_

**5) Self Help: Does your child...**

- a. Wash and dry face without help \_\_\_\_\_
- b. Put away toys \_\_\_\_\_
- c. Dress/Undress self \_\_\_\_\_
- d. Brush/comb their hair \_\_\_\_\_

**6) When your child does not get his/her way, he/she will:**

- Cry \_\_\_\_\_ Pout \_\_\_\_\_ Withdraw \_\_\_\_\_
- Hit something \_\_\_\_\_ Hit someone \_\_\_\_\_
- Throw tantrum \_\_\_\_\_ Talk about it \_\_\_\_\_
- Other \_\_\_\_\_ Explain \_\_\_\_\_

General Information:

- 1) My Child: Washes up before meals \_\_\_\_\_ Takes a bottle \_\_\_\_\_ Uses the bathroom \_\_\_\_\_
- 2) Is there anything about your child or has anything happened to your child that we should be aware of?  
(Example: recent move, separation from caregiver, etc.) Explain: \_\_\_\_\_  
\_\_\_\_\_
- 3) Any special needs your child may have such as: Not potty trained \_\_\_\_\_ Behavior problems \_\_\_\_\_ Other \_\_\_\_\_  
Explain: \_\_\_\_\_
- 4) Is your child currently receiving Special Education Services such as: IEP \_\_\_\_\_ IFSP \_\_\_\_\_ Other \_\_\_\_\_
- 5) Is your child currently receiving any other counseling or therapy services? Yes \_\_\_\_\_ No \_\_\_\_\_
- 6) Does your child have a spirit name? \_\_\_\_\_
- 7) What is your child's clan? \_\_\_\_\_
- 8) Is there anything else you would like us to know that would help us better understand your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_